

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH OF _____, 20__.

Name: _____	Court Name (if different): _____
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PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement)

Street Address, Apt. Number: _____	Home Phone: _____ Cellular Phone: _____ Pager: _____
City, State, Zip Code: _____	Persons Living with you: _____
Secondary Residence: _____ Own or Rent? _____	Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date moved: _____ Reason for moving: _____

PART B: EMPLOYMENT (If unemployed, list source of support under Part D):

Name, Address, Phone No. of Employer: _____ _____ _____	Name of immediate supervisor: _____	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How many days of work did you miss? _____ Why? _____	
	Position Held: _____	Gross Income: _____ Normal Work Hours: _____
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If changed jobs or terminated, _____ Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No state when and why: _____		

PART C: VEHICLES (List all vehicles owned or driven by you):

1. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____
1. Year/make/model: _____	Color: _____	Tag Number: _____	Owner: _____

PART D: MONTHLY FINANCIAL STATEMENT

Net Income From Employment _____ (Attach proof of earnings) Other Cash Flows: _____ TOTAL MONTHLY CASH INFLOWS _____ TOTAL MONTHLY CASH OUTFLOWS _____	Do you rent or have access to: a post office box? <input type="checkbox"/> Yes <input type="checkbox"/> No a safe deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No a storage space? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and Address of Location: _____ Box No. or Space _____ _____ _____ _____ Do you have a checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account Number: _____ Balance: _____ Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account Number: _____ Balance: _____ Attach a complete listing of all other financial account information, if you have multiple accounts.
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List all expenditures over \$500 (including e.g., goods, services, or gambling losses)

Date	Amount	Method of Payment	Description of Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

Were you questioned by any law enforcement officers?

☐ Yes ☐ No

If yes, date: _____

Agency: _____

Reason: _____

Were you arrested or named as a defendant in any criminal cases?

☐ Yes ☐ No

If yes, when and where? _____

Charges: _____

Disposition: _____

(Attach copy of citation, receipt, charges, disposition, etc.)

Were any pending charges disposed of during the month?

☐ Yes ☐ No

If yes, date: _____

Court: _____

Disposition: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☐ No

If yes, Whom? _____

Reason: _____

Disposition: _____

Do you have any contact with anyone having a criminal record?

☐ Yes ☐ No

If yes, whom? _____

Do you possess or have access to a firearm?

☐ Yes ☐ No

If yes, why? _____

Did you possess or use any illegal drugs?

☐ Yes ☐ No

If yes, type of drug: _____

Did you travel outside the district without permission?

☐ Yes ☐ No

If yes, when and where? _____

Do you have a special assessment, restitution or fine? ☐ Yes ☐ No -- If yes, amount paid during the month:

Special assessment: _____ Restitution: _____ Fine: _____

NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.

Do you have community service work to perform?

☐ Yes ☐ No

Number of hours completed this month: _____

Number of hours missed: _____

Balance of hours remaining: _____

Do you have drug, alcohol or mental health aftercare?

☐ Yes ☐ No

If yes, did you miss any sessions during this month?

☐ Yes ☐ No

Did you fail to respond to phone recorder instructions?

☐ Yes ☐ No

If yes, why? _____

WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE, OR BOTH.

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.

SIGNATURE

DATE

REMARKS:

☐ Pay Stubs Reviewed

Hours

Last Worked

U.S. Probation Officer _____

Date

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

**U.S. PROBATION OFFICE
ROOM 1200 FEDERAL BUILDING
100 STATE STREET
ROCHESTER, NY 14614**

*****THIS REPORT MUST BE RECEIVED BY THE 5TH OF EACH MONTH!*****